

State of California—Health and Human Services Agency  
Department of Health ServicesCalifornia  
Department of  
Health ServicesSANDRA SHEWRY  
DirectorARNOLD SCHWARZENEGGER  
Governor

## FACSIMILE TRANSMITTAL SHEET

Date: 5/10/05  
To: DANIE  
Company: INEEL  
Fax Number: 208-526-2930From: Peggy Lee McKernan,  
Staff Services Analyst

Total Number of Pages Including Cover: 5

## Notes/Comments:

This is an initial report of this event from California (Agreement State). Additional information will be provided upon completion of the investigation of this event, which is expected within 60-90 days. If you require additional information before then, please let me know.

XCA 737 St. Joseph Hospital

Flex your  
POWERFood, Drug and Radiation Safety: Radiologic Health Branch  
MS 7610, PO Box 997414, Sacramento, CA 95899-7414  
(916) 440-7961 FAX (916) 341-7216  
[pmckerna@dhs.ca.gov](mailto:pmckerna@dhs.ca.gov)  
DHS Internet Address: [www.dhs.ca.gov](http://www.dhs.ca.gov)

**MATTER REQUIRING INVESTIGATION/INSPECTION**

737

HEALTH AND SAFETY  ADMINISTRATIVE

4/28/05

|   |   |   |   |
|---|---|---|---|
| <b>LICENSEE / REGISTRANT / USER</b>   |   | <b>ASSIGNMENT</b>   |   |
| LICENSEE/REGISTRANT/USER NAME<br>St. Joseph Hospital  |   | 5010 NUMBER (Date Notified)<br>042605   |   |
| LICENSEE/REGISTRANT/USER CONTACT<br>Rahman Pourang  | PHONE<br>707-445-8121                           | INSPECTION OFFICE (AGENCY)<br>RHB - SACRAMENTO / Region 1   |   |
| TITLE<br>RSO  | OTHER PHONE/EMAIL                               | INSPECTOR<br>Ken Furey ✓  |   |
| OFFICE ADDRESS<br>2700 Dolbear St. / Eureka 95501   |   | <b>EVENT TYPE</b>   |   |
| EVENT/SITE LOCATION   |   | <input type="checkbox"/> MACHINE <input checked="" type="checkbox"/> MATERIALS (Check One)  |   |
| OTHER CONTACT   | PHONE   | <input type="checkbox"/> Radiation Exposure (EXP)   | <input type="checkbox"/> X-ray Registration (XR)  |
| LICENSE/REGISTRATION NUMBER<br>1703-12  | OTHER PHONE/EMAIL                               | <input type="checkbox"/> Transportation (TRS)   | <input type="checkbox"/> Certification (CT)       |
| <b>INFORMATION SOURCE</b>   |   | <input type="checkbox"/> Leaking Source (LKS)   | <input type="checkbox"/> Mammography (MM)         |
| NAME/POSITION   |   | <input checked="" type="checkbox"/> Misadministration (MD2)   | <input type="checkbox"/> Landfill/Scrap Yard (LY) |
| ADDRESS - Number Street   |   | <input type="checkbox"/> Release of Material (RLM)  | <input type="checkbox"/> Crematory (CR)           |
| TELEPHONE NUMBER  |   | <input type="checkbox"/> Theft or Loss (LAS)  | <input type="checkbox"/> Other (OTH)              |
| OTHER PHONE/EMAIL   |   | <input type="checkbox"/> Equipment Malfunction (EQP)  |   |
| FIRST CONTACT BY (Check One Only)   |   | Involve CA SS&D: <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No   |   |
| <input checked="" type="checkbox"/> Telephone   | <input checked="" type="checkbox"/> Letter/Form | <input type="checkbox"/> Email  | Provided to RML: _____ (date)                     |
| <input type="checkbox"/> Other (Specify): _____   |   | <b>COMPLAINT (AL)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |
| Contact Date: 04/26/05 (month/year)   | Contact Time: _____                             | Forwarded by NRC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| Event Date: 04/21/05 (month/year)   | Discovery Date: _____ (month/year)              | Respond to Complainant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| OTHER NOTIFICATIONS (e.g., other agencies, patient, etc.) (*)   |   | Anonymity Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |
| HP CONSULTANT USED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK      |   | <b>REPORTABLE EVENT (NMED)</b>  |   |
| PRESS/MEDIA INVOLVEMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK |   | NRC reportable event? <input type="checkbox"/> ≤ 24-hr <input type="checkbox"/> 30-Day <input type="checkbox"/> Info <input checked="" type="checkbox"/> No                         |   |
|   |   | Regulation Requiring Report: (NRC) _____ (CA) CCR, title 17, section 30322  |   |
|   |   | If ≤ 24-hr, this form must be reported to NRC Ops. Ctr. within 24 hours.  |   |
|   |   | Report made to NRC Ops Center: Date: _____ Time: _____  |   |
|   |   | (301) 951-0550 (telephone), (301) 816-5151 (fax), or hoo1@nrc.gov (email)   |   |
|   |   | If 30-day or info report, RHB/HQ (Peggy) submits 5010 to INEL, and inspector updates until "complete" in NMED database ( <a href="http://nmed.inel.gov">http://nmed.inel.gov</a> ). |   |
|   |   | CA NMED # (Sacto): _____ NMED Item # (INEL): _____  |   |
|   |   | ABNORMAL OCCURRENCE? (See STP SA-300 Section 7) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   |

**SUMMARY (Abstract of Event)**

Any fact or complaint suggesting immediate threat to health and safety?  YES  NO

A patient, scheduled for a Cardiac stress test, was administered 246 microCuries Iodine-123, because the imaging technologist failed to verify the patient's identification.

DX misadministration  
 Intended: 10 mCi Tc-99m MIBI for a cardiac stress test  
 Given: 0.246 millicuries (246 microcuries) Iodine-123 (capsule) for a thyroid uptake  
 Dosimetry: whole body, organ dose

**May 6, 2005**

**Memo To: File**

**From: Ken Furey, Region 1**

**Subject: 5010 # 042605, St. Joseph Hospital (RML NO. 1703-12)**

**EVENT STATUS:**

On April 26, 2005, Rahman Pourang, Ph.D. (707-445-8121) St. Joseph Hospital, reported a diagnostic misadministration which occurred on April 21, 2005.

**HEALTH AND SAFETY REPORTING:**

This event was reported to the Radiologic Health Branch with a Diagnostic Misadministration Report (DHS 8453) on April 26, 2005. A RHB 5010 was prepared by the Radiologic Health Branch on that same date.

The imaging technologist administered 246 microcuries of Iodine-123 instead of the intended 10 millicuries of Tc-99m MIBI for a cardiac stress test. The technologist did not verify the patient's identification. Nuclear medicine staff have been re-instructed on the proper method for patient identification with written confirmation maintained by the Department Director.

**INVESTIGATIONAL STATUS:**

This investigation is closed.

Department of Health Services  
Radiologic Health Branch

State of California Health and Human Services Agency

### DIAGNOSTIC MISADMINISTRATION REPORT

| Licensee name<br><b>ST JOSEPH HOSPITAL</b>   |         | Licensee number<br><b>1705-12</b>  |                                   |         |         |               |            |         |         |               |       |    |    |     |                     |     |      |     |            |
|--|---------|--|-----------------------------------|---------|---------|---------------|------------|---------|---------|---------------|-------|----|----|-----|---------------------|-----|------|-----|------------|
| Address (number, street)<br><b>2700 DOLBEER ST</b>   |         | Event date   | Report date                       |         |         |               |            |         |         |               |       |    |    |     |                     |     |      |     |            |
| City<br><b>EUREKA, CA</b>  |         | Month Day Year<br><b>04 21 05</b>  | Month Day Year<br><b>04 26 05</b> |         |         |               |            |         |         |               |       |    |    |     |                     |     |      |     |            |
| Type of Misadministration  |         | Did the misadministration involve an isotope of iodine?  |                                   |         |         |               |            |         |         |               |       |    |    |     |                     |     |      |     |            |
| <input checked="" type="checkbox"/> Wrong radiopharmaceutical<br><input checked="" type="checkbox"/> Wrong patient<br><input type="checkbox"/> Wrong dose<br><input type="checkbox"/> Wrong route<br><input type="checkbox"/> Dosage differing from prescribed by 50%  |         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                   |         |         |               |            |         |         |               |       |    |    |     |                     |     |      |     |            |
| Intended   |         | Number of patients who received a misadministration under this report:<br><b>1</b>   |                                   |         |         |               |            |         |         |               |       |    |    |     |                     |     |      |     |            |
| <input type="checkbox"/> No clinical procedure<br><input type="checkbox"/> Nuclear medicine study (complete "Intended" and "Given" sections)<br><input type="checkbox"/> X-ray study<br><input type="checkbox"/> Ultrasound<br><input type="checkbox"/> CT study<br><input type="checkbox"/> NMR study<br><input type="checkbox"/> Other |         | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Isotope</th> <th>Isotope</th> <th>Chemical Form</th> <th>Study</th> <th>Isotope</th> <th>Isotope</th> <th>Chemical Form</th> <th>Study</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>Tc</td> <td>Mdx</td> <td>Cardiac Stress Test</td> <td>246</td> <td>I-23</td> <td>Cap</td> <td>TN4 UPTAKE</td> </tr> </tbody> </table> |                                   | Isotope | Isotope | Chemical Form | Study      | Isotope | Isotope | Chemical Form | Study | 10 | Tc | Mdx | Cardiac Stress Test | 246 | I-23 | Cap | TN4 UPTAKE |
| Isotope  | Isotope | Chemical Form  | Study                             | Isotope | Isotope | Chemical Form | Study      |         |         |               |       |    |    |     |                     |     |      |     |            |
| 10   | Tc      | Mdx  | Cardiac Stress Test               | 246     | I-23    | Cap           | TN4 UPTAKE |         |         |               |       |    |    |     |                     |     |      |     |            |
| Precipitator   |         | <input type="checkbox"/> Authorized user<br><input checked="" type="checkbox"/> Not lab technologist<br><input checked="" type="checkbox"/> Imaging technologist<br><input type="checkbox"/> Clinical receptionist<br><input type="checkbox"/> Scheduling technologist<br><input type="checkbox"/> Patient<br><input type="checkbox"/> Other:  |                                   |         |         |               |            |         |         |               |       |    |    |     |                     |     |      |     |            |
| <input type="checkbox"/> Referring physician<br><input type="checkbox"/> Ward nurse<br><input type="checkbox"/> Ward clerk<br><input type="checkbox"/> Nuclear pharmacy<br>Name of nuclear pharmacy  |         | City _____ State _____   |                                   |         |         |               |            |         |         |               |       |    |    |     |                     |     |      |     |            |

| Error  |  | Referral   | Administration   | Other                            |
|--|--|--|--|----------------------------------|
| <input type="checkbox"/> Mislabeled a syringe<br><input type="checkbox"/> Mislabeled a vial or vial shield<br><input type="checkbox"/> Reconstituted wrong reagent kit<br><input type="checkbox"/> Placed reconstituted vial in wrong shield | <input type="checkbox"/> Selected wrong vial when drawing dosage<br><input type="checkbox"/> Set dose calibrator improperly<br><input type="checkbox"/> Miscal dose calibrator<br><input type="checkbox"/> Misunderstood radiopharmaceutical or dosage order | <input type="checkbox"/> Misunderstood referring physician's request<br><input type="checkbox"/> Requested wrong study<br><input type="checkbox"/> Requested study for wrong patient | <input type="checkbox"/> Selected wrong patient<br><input checked="" type="checkbox"/> Answered waiting room page intended for other patient<br><input type="checkbox"/> Brought wrong patient to clinic<br><input type="checkbox"/> Selected wrong syringe from dosage cart | <input type="checkbox"/> Specify |

| Contributing Factors  |   | Action Taken to Prevent Recurrence  |  |
|---|---|---|--|
| <input type="checkbox"/> Student technologist<br><input type="checkbox"/> New employee<br><input type="checkbox"/> Foreign language<br><input type="checkbox"/> Patient incoherent or unconscious<br><input type="checkbox"/> ID bracelet not checked | <input type="checkbox"/> Requestion not checked<br><input type="checkbox"/> Patient chart not checked<br><input type="checkbox"/> New procedure<br><input checked="" type="checkbox"/> Heavy workload<br><input type="checkbox"/> Other | <input type="checkbox"/> Implement new procedures for:<br><input type="checkbox"/> Verification of request<br><input type="checkbox"/> Radiopharmaceutical labeling and handling<br><input checked="" type="checkbox"/> Verification of patient identification<br><input type="checkbox"/> Reinstruct personnel<br><input type="checkbox"/> Reprimand personnel | <input type="checkbox"/> Improve supervision of personnel<br><input type="checkbox"/> No action<br><input type="checkbox"/> Other: |

Effect on Patients     None apparent     See abstract

Attach abstract and mail completed form to:  
 Compliance Unit  
 California Department of Health Services  
 Radiologic Health Branch, MS 7810  
 P.O. Box 987414  
 Sacramento, CA 95898-7414

For more information, go to [www.dhs.ca.gov/rhb](http://www.dhs.ca.gov/rhb) or phone (916) 327-5108.

|   |                                    |   |                        |
|---|------------------------------------|---|------------------------|
| Radiation Officer (printed name)<br><b>RAHMAN POURANG</b> | Signature<br><i>Rahman Pourang</i> | Telephone number<br><b>(707) 445-5121</b> | Date<br><b>4/26/05</b> |
|---|------------------------------------|---|------------------------|

DHS 6088 (1/04)

4/27/2005

Mark Pietz  
Radiologic Health Branch  
PO Box 997414, MS7610  
Sacramento, CA 95899

Dear Mr. Pietz,

It was a pleasure to talk to you on the phone this afternoon. Using the manufacturer's package insert, I have generated the following dose calculations for the patient who received 246 microcuries of I-123.

| Thyroid Uptake | Thyroid   | Whole Body |
|----------------|-----------|------------|
| 5%             | 0.584 rad | 0.007 rad  |
| 15%            | 1.784 rad | 0.007 rad  |
| 25%            | 3.137 rad | 0.008 rad  |

Usually the 15% uptake values are used in this case.

If you have any questions, please don't hesitate to call me at (707) 445-8121 EX 6545.

Best regards,

  
Rahman Pourang, Ph.D., DABR

St Joseph's